NPI Challenges Tracking Matrix
As of: 10/3/2007

#	CHALLENGE / EXAMPLES	STATUS	IMPACTS	DECISION/RESOLUTION
1.	One NPI to Multiple AHCCCS ID numbers *Can AHCCCS require separate NPI numbers?* *Situational determination, allowing the same NPI on both records and recognizing via 837 data elements or processing rules?*	*Data analysis in progress.*	*Operational Only at this time.*	Identify and address situationally with follow-up as necessary.
2.	Multiple NPI #'s to 1 AHCCCS ID number	Decisions made and SSR submitted.	** Provider subsystem editing* ** 837 Mapping* ** IVR System* ** Web Application* ** PMMIS Screens* ** Direction of correspondence* ** Claims and Encounters* *Etc…*	Modify system to accept and process appropriately, for more than one NPI # to an AHCCCS Provider Id. Modifications to support processing Priority 1; modifications to displays, panels, etc Priority 2. SSR drafted and submitted. 2007-0255 Several concerns have been raised by ISD including the following : Web Impacts and Security. Screen Display Impacts. Prior Authorization Screens/Processes Impacts.
3.	Billing Provider NPIs – Issue 1 *Under NPI the Billing Provider cannot be restricted to corresponding to an AHCCCS Provider Type 01.* *Ex.* *NPI #'s assigned to Clinics may be used as Billing NPIs* *(i.e. Mayo Clinic)*	*Waiting for generation of test data.* Decisions made and SSR submitted.	*Claims and Provider Systems. WEB.*	Modify system to remove the current Claim system limitations related to Billing Providers being Provider Type 01 only and open for all provider types with the same rules. Change the Provider Affiliation process to allow for the affiliation to Provider Types other than 01. SSR drafted and sent to Claims for

	Ex. *NPI #'s assigned to Individual Practitioner (i.e. doctors) may be used as Billing NPI's for other providers in a practice (i.e. PA's, NP, etc.)*			<mark>submission. 2007-0272</mark>
4.	*Billing Provider NPIs – Issue 2* *A number of NPI's have been received for organizations that are not registered*	Decisions made to facilitate appropriate AHCCCS registration.	Groups registered without being utilized will terminate after 24 months. *Operational Only.*	Initial decision to register each group. Request application and register as group billers. Affiliate individual practitioners with the group.
5.	A-typical Providers with NPI's *Explore optional ongoing NPI use.*	Decisions made and SSR drafted.	*Provider*	Modify system to allow A-typical NPI's to be captured as alternate ID's, but allow the NPI Indicator to remain "N" to allow A-typical NPI's to optionally used. Example – A-typical Provider no NPI on file or required; PR082 – NPI added; - Do not change NPI Indicator on PR010 to "Y". Do not recalculate NPI Indicator if blanked out for A-typical providers. - Note – NPI Indicator currently serves dual purposes "should have NPI" and "does have NPI". System allows NPI indicator to be "Y" and NPI to be blank. <mark>SSR drafted and sent to Claims for submission. 2007-0279</mark>
6.	DME Providers must obtain one NPI for each service location.	*See #2- Verify with Valerie business rule.*		
7.	Rendering Providers with multiple service locations (with unique pay to	*Pending generation and/or review of test data and assessment of any*		

	addresses) and tax Ids	*issues.*		
8.	Medicare Rule regarding Paper submission vs. Electronic			
9.	Requirement for prescribing provider at POS			
10	Pay to Location Code vs. Service Provider Location Code	*Should not be off issue due to use of Tax Id to drive payee.*		
11	Group ID – Optional for NPI	*Revisit Decision*		
12	Multiple provider correspondence addresses, which may be specific to certain NPI #'s.			
13	Service location – physical address information			
14	DDD Provider Type "39"			Being address by a DDD specific workgroup. Provider type to be modified to exclude "medical services" and impacted providers to be appropriately re-registered under correct provider types. DDD is taking the lead on outreach and definition of timelines.